

COPY OF PAPERS
ORIGINALLY FILED

3

Under the Paperwork Reduction Act of 1995, no persons are required to respond to collection of information unless it displays a valid OMB control number

Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

**DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN
APPLICATION DATA SHEET (37 CFR 1.76)**

Title of Invention RHODOCOCCLUS CLONING AND EXPRESSION VECTORS

As the below named inventor(s), I/we declare that:

This declaration is directed to:

- ☐ The attached application, or
- ☒ Application No. 10/007,527, filed on DECEMBER 5, 2001,
- ☐ as amended on _____ (if applicable);

I/we believe that I/we am/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought;

I/we have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment specifically referred to above;

I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 CFR 1.56, including material information which became available between the filing date of the prior application and the National or PCT International filing date of the continuation-in-part application, if applicable; and

All statements made herein of my/own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon.

FULL NAME OF INVENTOR(S)

Inventor one: MICHAEL G. BRAMUCCI

Signature: Michael G. Bramucci Citizen of: UNITED STATES

Inventor two: QIONG CHENG

Signature: Qiong Cheng Citizen of: PR CHINA

Inventor three: KRISTY N. KOSTICHKA

Signature: Kristy N. Kostichka Citizen of: UNITED STATES

Inventor four: JEAN-FRANCOIS TOMB

Signature: Jean-Francois Tomb Citizen of: UNITED STATES

☐ Additional inventors are being named on _____ additional form(s) attached hereto.

Burden Hour Statement: This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is used by the public to file (and the PTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This form is estimated to take 1 minute to complete. This time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

BEST AVAILABLE COPY

COPY OF PAGE
ORIGINALLY FILED

Please type a plus sign (+) inside this box



PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

 POWER OF ATTORNEY OR AUTHORIZATION OF AGENT	Application Number	10/007,527
	Filing Date	DECEMBER 5, 2001
	First Named Inventor	BRAMUCCI ET AL.
	Title	RHODOCOCCLUS CLONING AND EXPRESSION VECTORS
	Group Art Unit	UNKNOWN
	Examiner Name	UNKNOWN
	Attorney Docket Number	CL1709 US NA

I hereby appoint:

☒ Practitioners at Customer Number

23906



OR

☒ Practitioner(s) named below:

Name	Registration Number
S. NEIL FELTHAM	36,506

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☒ The above-mentioned Customer Number

OR

☐ Practitioners at Customer Number

OR

☐ Firm or
Individual Name

Address

Address

City

State

ZIP

Country

Telephone

Fax

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	KRISTY N. KOSTICHKA
Signature	
Date	1/30/02

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 4 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any Comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

BEST AVAILABLE COPY

Please type a plus sign (+) inside this box

COPY OF PAPERS
ORIGINALLY FILED

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**POWER OF ATTORNEY OR
AUTHORIZATION OF AGENT**

Applicati n Number	10/007,527
Filing Date	DECEMBER 5, 2001
First Named Invent r	BRAMUCCI ET AL.
Title	RHODOCOCCUS CLONING AND EXPRESSION VECTORS
Group Art Unit	UNKNOWN
Examiner Name	UNKNOWN
Attorney Docket Number	CL1709 US NA

I hereby appoint:

☒ Practitioners at Customer Number

23906

OR

☒ Practitioner(s) named below:

Name	Registration Number
S. NEIL FELTHAM	36,506

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☒ The above-mentioned Customer Number

OR

☐ Practioners at Customer Number

OR

☐ Firm or
Individual Name

Address

Address

City

State

ZIP

Country

Telephone

Fax

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name QIONG CHENG

Signature

Date

1/30/02

NOTE: Signatures f all the inventors or assignees of record of the ntire interest or their representative(s) are required. Submit multipl forms if more than one signature is required, see below*.

☒ *Total of 4 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any Comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

BEST AVAILABLE COPY

Please type a plus sign (+) inside this box

COPY OF PAPERS
ORIGINALLY FILED

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**POWER OF ATTORNEY OR
AUTHORIZATION OF AGENT**

Application Number 10/007,527

Filing Date DECEMBER 5, 2001

First Named Inventor BRAMUCCI ET AL.

Title RHODOCOCCLUS CLONING AND EXPRESSION
VECTORS

Group Art Unit UNKNOWN

Examiner Name UNKNOWN

Attorney Docket Number CL1709 US NA

I hereby appoint:

☒ Practitioners at Customer Number

23906

OR

☒ Practitioner(s) named below:

Name	Registration Number
S. NEIL FELTHAM	36,506

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the
United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☒ The above-mentioned Customer Number

OR

☐ Practitioners at Customer Number

OR

☐ Firm or
Individual Name

Address

Address

City

State

ZIP

Country

Telephone

Fax

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name MICHAEL G. BRAMUCCI

Signature *Michael G. Bramucci*

Date 1/30/02

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.
Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 4 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any Comments
on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington,
DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

BEST AVAILABLE COPY

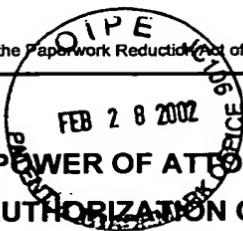
Please type a plus sign (+) inside this box →



PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.


**POWER OF ATTORNEY OR
AUTHORIZATION OF AGENT**

Applicati n Number	10/007,527
Filing Date	DECEMBER 5, 2001
First Named Inv nt r	BRAMUCCI ET AL.
Title	RHODOCOCUS CLONING AND EXPRESSION VECTORS
Group Art Unit	UNKNOWN
Examiner Name	UNKNOWN
Attorney Docket Number	CL1709 US NA

I hereby appoint:

☒ Practitioners at Customer Number

23906

OR

☒ Practitioner(s) named below:

Name	Registration Number
S. NEIL FELTHAM	36,506

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☒ The above-mentioned Customer Number

OR

☐ Practioners at Customer Number

OR

☐ Firm or
Individual Name

Address

Address

City

State

ZIP

Country

Telephone

Fax

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).**SIGNATURE of Applicant or Assignee of Record**

Name JEAN-FRANCOIS TOMB

Signature 

Date

1-30-02

NOTE: Signatures of all the inventors or assignees of record of th entire interest or their representative(s) are required. Submit multipl forms if more than one signature is required, see b low*.

☒ *Total of 4 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any Comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

BEST AVAILABLE COPY